## Foster Family Home - Corrective Action Report Provider ID: 1-100088 Home Name: Evelyn Beltran, CNA Review ID: 1-100088-3 94-375 Mokuola Street Reviewer: Carrie Wakai End Date: 4/20/17 Waipahu н 96797 Begin Date: 6/14/2017 Foster Family Home Required Certificate [17-1454-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: 6.d.1- Home visit made for a 2 bed recertification survey. A corrective action report was issued during the visit with written plan of correction due to CTA by 7/14/2017. Foster Family Home Background Checks 7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS; 7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and Comment: 7.1(a)(1) & 7.1(a)(2)-APS/CAN/Fingerprinting on CG#4 lapsed-was due 4/2/16 and was done 7/12/16. Foster Family Home

52(c)(5)-There is a discrepancy between Rx label and MAR on client #1.

Medication schedule checklist;

Came Walen RN

Compliance Manager

Fuelon J. Buthorn

2: 4: 6: (/

Date

Date

52.(c)(5)

Comment:

## Written Plan of Correction

7.1 (a)(1) and 7.1 (a)(2)

All the home caregivers APS/CAN will be completed before/on the next due date. The home will maintain a calendar with 2 weeks reminder prior to due dates.

52 (c)(5)

The primary caregiver contacted the case management on June 15, 2017 to inform them about medication record and Rx label discrepancy. MAR is with correct dosage now on file. The primary caregiver will review updated monthly medication record and Rx labels before giving medication to the client.

Thanks,

Evelyn J. Beltran (PCG)

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